2016 NASADAD Public Policy Survey:  
A Summary of Results

Purpose of the Survey:
This survey is intended to "take the pulse" of State Directors and component group leadership regarding their federal funding and legislative priorities. This is used exclusively for the Public Policy Department and is strictly separate from the work of the Research and Program Applications Department. The survey is also designed to acquire feedback on the services and products provided by the Policy Department. Policy staff use the survey results as both a guide to preparing for 2016 and as a "living document" to guide adjustments that may be necessary should conditions change throughout the year.

The survey covers members' appropriations and legislative priorities and asks members to evaluate the Public Policy Department. This document provides the raw survey responses, as well as summary information for each section or topic area. This year's responses are fairly consistent with the 2015 survey. The top 2016 appropriations priorities for health programs were very similar to last year's, as were some of the priorities for programs in the Department of Justice (DOJ). Legislative priorities were also very similar between 2016 and 2015, with the exception of opioid abuse, budget issues, and SAMHSA reauthorization, which are not as highly prioritized this year. Questions evaluating the Public Policy Department also produced similar results to the 2015 survey.

We sincerely appreciate members' responses and will continue to make improvements to the Public Policy Department's products and services.

**Response Rate:** Overall, 35 State Directors, the President of the NPN, the President of the NTN, and the President of the WSN completed the 2016 Annual Public Policy Survey – a total of **38 responses**. Response rates have been similar in recent years, with 37 responses in 2015 and 39 responses in 2014.
**Appropriations Priorities:**

**Programs in the Department of Health and Human Services (HHS):** As with previous years, the Substance Abuse Prevention and Treatment (SAPT) Block Grant remains the top priority with near unanimous support. The second funding priority is the Center for Substance Abuse Treatment (CSAT). The third priority is equally split between funding for the Center for Substance Abuse Prevention (CSAP) and the National Institute on Drug Abuse (NIDA). Other important priorities selected were funding for the co-location of primary care with substance abuse and mental health services, which was authorized by the Affordable Care Act (ACA), as well as Health Resources and Services Administration (HRSA) community health centers.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>ACF</th>
<th>ATTCs/CAPT</th>
<th>CDC</th>
<th>CSAP</th>
<th>CSAT</th>
<th>Co-Locat. Prim. Care w/ SA &amp; MH (ACA)</th>
<th>Grants to Schools Training SA/MH Providers</th>
<th>HRSA Comm. Health Centers</th>
<th>Nat'l All Schedules RxElectronic Reporting Act (NASPER)</th>
<th>NIAAA</th>
<th>NIDA</th>
<th>Office of Nat'l Coord. for Health IT (ONC)</th>
<th>Px and Public Health Fund (ACA)</th>
<th>SAPT Block Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 (n=38)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>5% (2)</td>
<td>5% (2)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Priority 2 (n=38)</td>
<td>0%</td>
<td>5% (2)</td>
<td>3% (1)</td>
<td>18% (7)</td>
<td>26% (10)</td>
<td>18% (7)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>3% (1)</td>
<td>0%</td>
<td>8% (3)</td>
</tr>
<tr>
<td>Priority 3 (n=38)</td>
<td>5% (2)</td>
<td>8% (3)</td>
<td>0%</td>
<td>21% (8)</td>
<td>16% (6)</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>3% (1)</td>
<td>0%</td>
<td>0%</td>
<td>21% (8)</td>
<td>3% (1)</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Priority 4 (n=37)</td>
<td>3% (1)</td>
<td>16% (6)</td>
<td>8% (3)</td>
<td>8% (3)</td>
<td>5% (2)</td>
<td>24% (9)</td>
<td>14% (5)</td>
<td>8% (3)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>5% (2)</td>
</tr>
<tr>
<td>Priority 5 (n=36)</td>
<td>3% (1)</td>
<td>6% (2)</td>
<td>6% (2)</td>
<td>3% (1)</td>
<td>11% (4)</td>
<td>8% (3)</td>
<td>11% (4)</td>
<td>14% (5)</td>
<td>8% (3)</td>
<td>0%</td>
<td>8% (3)</td>
<td>11% (4)</td>
<td>0%</td>
<td>8% (3)</td>
</tr>
</tbody>
</table>

**Programs in the Department of Justice (DOJ):** Similar to the 2015 survey, Drug Courts are the top priority program within DOJ. The Second Chance Act came in as the second highest priority, followed by Justice Assistance/Byrne Grants. However, unlike last year, Enforcing Underage Drinking Laws (EUDL), the Residential Substance Abuse Treatment (RSAT) program, the Mentally I1l Offender Crime Reduction Act (MIOTCRA) programs, and the Hal Rogers Prescription Drug Monitoring Program (PDMP) were not indicated as high priority programs by a majority of NASADAD members.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 (n=36)</td>
<td>3% (1)</td>
<td>33% (12)</td>
<td>14% (5)</td>
<td>11% (4)</td>
<td>3% (1)</td>
<td>6% (2)</td>
<td>22% (8)</td>
<td>8% (3)</td>
</tr>
<tr>
<td>Priority 2 (n=35)</td>
<td>0%</td>
<td>34% (12)</td>
<td>11% (4)</td>
<td>9% (3)</td>
<td>6% (2)</td>
<td>11% (4)</td>
<td>11% (4)</td>
<td>17% (6)</td>
</tr>
<tr>
<td>Priority 3 (n=34)</td>
<td>6% (2)</td>
<td>6% (2)</td>
<td>12% (4)</td>
<td>18% (6)</td>
<td>18% (6)</td>
<td>6% (2)</td>
<td>12% (4)</td>
<td>24% (8)</td>
</tr>
<tr>
<td>Priority 4 (n=33)</td>
<td>3% (1)</td>
<td>12% (4)</td>
<td>3% (1)</td>
<td>15% (5)</td>
<td>12% (4)</td>
<td>12% (4)</td>
<td>15% (5)</td>
<td>27% (9)</td>
</tr>
<tr>
<td>Priority 5 (n=30)</td>
<td>0%</td>
<td>13% (4)</td>
<td>3% (1)</td>
<td>13% (4)</td>
<td>23% (7)</td>
<td>20% (6)</td>
<td>13% (4)</td>
<td>13% (4)</td>
</tr>
</tbody>
</table>
Legislative Priorities:

Substance Abuse Prevention, Treatment, and Recovery Related Legislative and Policy Priorities: Similar to 2015, Changes to the SAPT Block Grant remain a top priority. Medication-assisted treatment, followed by recovery support services and adolescent treatment, are also top priorities. Topics that are not as highly prioritized as last year include: opioids, budget issues, SAMHSA reauthorization, offender treatment and recovery, and housing.

Legislative priorities for SUD P, T, and R, results (most results*, values rounded to nearest percent)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 (n=37)</td>
<td>0%</td>
<td>5% (2)</td>
<td>0%</td>
<td>3% (1)</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>0%</td>
<td>19% (7)</td>
<td>0%</td>
<td>0%</td>
<td>5% (2)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>27% (10)</td>
<td>5% (2)</td>
<td>3% (1)</td>
<td></td>
</tr>
<tr>
<td>Priority 2 (n=37)</td>
<td>3% (1)</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>1% (1)</td>
<td>0%</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>24% (9)</td>
<td>0%</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>0%</td>
<td>8% (3)</td>
<td>11% (4)</td>
<td>3% (1)</td>
<td>8% (3)</td>
</tr>
<tr>
<td>Priority 3 (n=37)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>0%</td>
<td>8% (3)</td>
<td>8% (3)</td>
<td>8% (3)</td>
<td>5% (2)</td>
<td>0%</td>
<td>16% (6)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>0%</td>
<td>13% (3)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Priority 4 (n=37)</td>
<td>14% (5)</td>
<td>0%</td>
<td>11% (4)</td>
<td>0%</td>
<td>5% (2)</td>
<td>3% (1)</td>
<td>11% (4)</td>
<td>0%</td>
<td>8% (3)</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>0%</td>
<td>5% (2)</td>
<td>14% (5)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>0%</td>
</tr>
<tr>
<td>Priority 5 (n=37)</td>
<td>3% (1)</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>0%</td>
<td>3% (1)</td>
<td>0%</td>
<td>0%</td>
<td>8% (3)</td>
<td>3% (1)</td>
<td>19% (7)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>5% (2)</td>
<td>3% (1)</td>
</tr>
</tbody>
</table>

*Topics that received 3 or fewer votes (gambling, hepatitis C, juvenile justice, LGBTQI population, returning veterans, Second Chance Act reauthorization, suicide prevention, temporary assistance for needy families (TANF), tobacco prevention/cessation, and transportation agency/SSA collaboration, underage drinking) and those that did not receive any votes (Alcohol advertising and pricing, Enforcing Underage Drinking Laws (EUDL), HIV/AIDS, LGBTQI populations, methamphetamine treatment and prevention, tobacco/SYNAR) are not included in the chart above.

Health Reform-Related Legislative and Policy Priorities: New for 2016, data sharing (SSA, Medicaid, and Exchanges) was highlighted as the top priority. Health homes, parity implementation (top priority last year), health care workforce, integration, and quality measures were also highlighted as top priorities.

Legislative priorities for health reform, complete results (values rounded to nearest percent)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 (n=36)</td>
<td>0%</td>
<td>0%</td>
<td>36% (13)</td>
<td>0%</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>8% (3)</td>
<td>8% (3)</td>
<td>0%</td>
<td>0%</td>
<td>11% (4)</td>
<td>22% (8)</td>
<td>0%</td>
<td>8% (3)</td>
</tr>
<tr>
<td>Priority 2 (n=36)</td>
<td>0%</td>
<td>0%</td>
<td>3% (1)</td>
<td>0%</td>
<td>0%</td>
<td>6% (2)</td>
<td>17% (6)</td>
<td>14% (5)</td>
<td>11% (4)</td>
<td>3% (1)</td>
<td>8% (3)</td>
<td>17% (6)</td>
<td>0%</td>
<td>8 (22%)</td>
</tr>
<tr>
<td>Priority 3 (n=35)</td>
<td>6% (2)</td>
<td>11% (4)</td>
<td>11% (4)</td>
<td>0%</td>
<td>3% (1)</td>
<td>9% (3)</td>
<td>9% (3)</td>
<td>17% (6)</td>
<td>6% (2)</td>
<td>0%</td>
<td>6% (2)</td>
<td>14% (5)</td>
<td>6% (2)</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Priority 4 (n=32)</td>
<td>6% (2)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>0%</td>
<td>3% (1)</td>
<td>9% (3)</td>
<td>3% (1)</td>
<td>13% (4)</td>
<td>22% (7)</td>
<td>6% (2)</td>
<td>0%</td>
<td>16% (5)</td>
<td>3% (1)</td>
<td>13% (4)</td>
</tr>
<tr>
<td>Priority 5 (n=32)</td>
<td>6% (2)</td>
<td>13% (4)</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>0%</td>
<td>16% (5)</td>
<td>6% (2)</td>
<td>9% (3)</td>
<td>6% (2)</td>
<td>0%</td>
<td>0%</td>
<td>3% (1)</td>
<td>3% (1)</td>
<td>31% (10)</td>
</tr>
</tbody>
</table>

Evaluating the Public Policy Department:
Public Policy Updates: Public Policy Updates are an important service of the Public Policy Department. We will continue to compile relevant stories and information and do our best to clearly highlight the most important information. We will also prioritize information that we receive from States.

How often do you read the Public Policy Updates (weekly and special)?
- Always (24%)
- Most of the Time (54%)
- Sometimes (19%)
- Rarely (3%)
- Never (0%)
- Not Aware of Them (0%)
- No Response (0%)

How important is it to you to receive special updates on timely issues that impact the membership when they occur?
- Essential (27%)
- Very Important (62%)
- Somewhat Important (11%)
- Not Important (0%)
- Did Not Receive (0%)
- No Response (5%)

Public Policy Updates (weekly and special) keep the membership informed on policy developments.
- Strongly Agree (57%)
- Agree (38%)
- Neutral (5%)
- Disagree (0%)
- Strongly Disagree (0%)
- Do Not Read (0%)
- Do Not Receive (0%)
- No Response (3%)

Ideas and Recommendations for the Public Policy Updates:
- It would be helpful to provide a learning committee for States to share how policies are implemented or impact their State.
- Need a place to go to easily find information that is organized online and accessible when needed instead of receiving electronic updates that overwhelm the email inbox.
- When listing topics at the beginning, include hyperlinks to each section for quick access to the information we need.
- Keep them coming. Very helpful.
- Not able to come up with anything you’re not already doing!
- Sometimes the updates are so overwhelming in volume, I just close the email to get back to it later (which often I am not able to do). Perhaps making them a little less detailed and prioritizing topics would be helpful.
- Keep up the outstanding work!
**Public Policy Calls:** The monthly Public Policy calls are generally useful to State Directors and Component Group Presidents and a majority of members participate at least most of the time. Time conflicts consistently come up as the top reason that members aren’t able to participate. We will continue to find speakers and topics that will be useful to the membership, including the suggestions included in the survey. We can also revisit the date and time of the calls with the Public Policy Chair to make sure it is the best schedule for the membership.

How often do you participate in the monthly Public Policy calls?
- Always (11%)
- Most of the Time (32%)
- **Sometimes (49%)**
- Rarely (8%)
- Never (0%)
- Not Aware of Them (0%)

If you don’t participate in the Public Policy calls, why not?
- **Time Conflict (70%)**
- Not Interested in the Topic (0%)
- Not Aware of Them (0%)
- N/A (30%)

The Public Policy calls are valuable at the State level.
- Essential (19%)
- **Very Valuable (65%)**
- Somewhat Valuable (16%)
- Not Valuable (0%)
- Do Not Participate (0%)

Ideas for future Public Policy call topics:
- Impact of parity on Medicaid-reimbursed SUD treatment services where it has been fully adopted.

The Public Policy calls cover relevant, timely, and useful information.
- Strongly Agree (30%)
- **Agree (67%)**
- Neutral (3%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (0%)
Public Policy Products: Public Policy products are useful to the membership. We continue to brainstorm other ideas and topics that would be useful to the members, particularly at the State level. We welcome topic ideas submitted by the members.

The Public Policy products (PowerPoints, fact sheets, letters, etc.) cover relevant, timely and useful information.
- Strongly Agree (30%)
- Agree (70%)
- Neutral (0%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (0%)

Information presented in Public Policy products (PowerPoints, fact sheets, letters, etc.) are communicated in a clear manner.
- Strongly Agree (30%)
- Agree (70%)
- Neutral (0%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (0%)

Public Policy Staff has created and distributed a number of products (e.g.; DOJ Priority Programs fact sheet, SAPT Block Grant fact sheet, section-by-sections); how valuable are these for you?
- Essential (27%)
- Very Valuable (54%)
- Somewhat Valuable (19%)
- Not Valuable (0%)
- Have Not Read Them (0%)

The Public Policy products are valuable at the State level.
- Essential (27%)
- Very Valuable (54%)
- Somewhat Valuable (19%)
- Not Valuable (0%)
- Have Not Read Them (0%)

Ideas for future Public Policy products, including products that would be useful at the State-level:
- How to address stigma.
- Continue to follow confidentiality implementation best practices.
- Integrating mental health and primary care into SUD settings.
- How to change hospital admission and treatment practices to appropriately engage cases presenting with detox needs.
Public Policy Membership Services: A majority of members have reached out to Public Policy staff during the past year. We will continue to promote the Department as a resource for the members on policy issues and investigate other methods to engage with States and provide assistance.

Have you or your staff requested policy-related assistance and/or information in the past year?

- **Yes (57%)**
- **No (30%)**
- **Don’t Know (13%)**

Members’ requests for policy-related assistance and/or information are answered in a timely manner.

- **Strongly Agree (33%)**
- **Agree (28%)**
- **Neutral (3%)**
- **Disagree (0%)**
- **Strongly Disagree (0%)**
- **N/A (36%)**

The Public Policy Department offers adequate opportunities for membership input in developing products for policy positions.

- **Strongly Agree (38%)**
- **Agree (51%)**
- **Neutral (0%)**
- **Disagree (0%)**
- **Strongly Disagree (0%)**
- **N/A (11%)**

Ideas and suggestions to improve the Public Policy Department:

- Thank you for your time and work. It is very helpful.
- Excellent job!
- Great public policy effort, as always. No suggestions for improvement. Thanks for all you do.
- Public policy department has been very responsive.
- Suggest a time for discussion on this at the Annual Meeting in 2016. We have many new members.
- Providing more just-in-time info as policy shorts. Example: If a State makes a request, instead of having other States sending several email responses back to the State, collect responses and do a quick turnaround info short.
- I am very new to the State Director role so I have not participated in the way I hope to in the future. My responses are more reflective of my own learning curve than NASADAD’s efforts.
- You all serve us well!
- Share a brief overview of helps you have given to other States to see if additional States would find the information helpful... Thanks!!!
- Normally, I have plenty of ideas about how to improve something. But your Public Policy Department is doing impeccable work!